## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000037395

1. Entity Name

NOONER'S REFRIGERATION, INC.



## FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90121 034 \*\*\*150.00

					OD WE THE								
Principal Place of Business 14716 CARNATION DR TAMPA FL 33613			Mailing Address 14716 CARNATION DR TAMPA FL 33613										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e	City & State				<b>4.</b> F	4. FEI Number 59-3711932				Applied For		
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required			1	
6. Name and Address of Current I			Registered Agent			7. N	lame and Address of New R	egistere		•		1	
	o. Name and Address of Gallen	legistere	u Aguit		Name *		AND THE PROPERTY OF THE PARTY O	>-,			•	1	
NOONER, RANDALL R				•	•						4		
14716 CARNATION DR			S			ess (P.O. Bo	ox Number is Not Acceptable	)					
TAMPA FL 33613												-	
IAMPA F	L 33013												
					City			F	L	Zìp Cod	е		
P. The above	named entity submits this statement for	the purp	neo of changing ite ro	cistoro	d office or rea	ristored ago	ant or both in the State of Flo	<del></del> -		niliar with	and accept	-	
	ions of registered agent.	trie purpo	ose of changing its re	gistere	a Gillice of Teg	Jistereu aye	shit, or both, in the state of the	iida, i ai	III IAII	illiai witti,	and accept	1	
_	-												
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if appl	icable. (NOTE: F	Registered	Agent signature re	quired when rei	instating)	DATE			<del></del>		
F	ILE NOW!!! FEE IS \$150.00				·								
After May 1, 2003 Fee will be \$550.00							<ol> <li>Election Campaign Fin Trust Fund Contribution</li> </ol>				<b>0</b> May Be		
Make Check	Payable to Florida Department of	State					irust Fund Contributio	1.	LJ	Added	1 to Fees	İ	
10. OFFICERS AND D			DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					S IN 11	1	
TITLE	DAT		☐ Delete	TITLE						Change	Addition	18	
NAME	NOONER, RANDALL R		NAM!						_			0	
STREET ADDRESS	14716 CARNATION DRIVE		S		r address							4	
CITY-ST-ZIP	TAMPA FL 33613				ST-ZIP							18	
TITLE			☐ Delete	TITLE					F	Change	☐ Addition	CR2E034 (10/02)	
NAME	NOONER, RHONDA		Delicie	NAME					_	_ onlange		O	
STREET ADDRESS	14716 CARNATION DRIVE				ADDRESS							1	
CITY-ST-ZIP	TAMPA FL 33613			CITY-S	ST-ZIP							İ	
TITLE	<b>L</b>		☐ Delete	TITLE						Change	☐ Addition	1	
NAME		•	- 501010	NAME		-	•		_				
STREET ADDRESS					ADDRESS							l	
CITY-ST-ZIP				CITY-S	ST-ZIP								
TITLE			☐ Delete	TITLE		···			Γ	) Change	Addition	1	
NAME				NAME					-	4-		1	
STREET ADDRESS					ADDRESS							1	
CITY-ST-ZIP				CITY-S								}	
TITLE			☐ Delete	TITLE					Γ	] Change	☐ Addition	1	
NAME				NAME					_				
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP				CITY-S								1	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NÀME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-32-37 8-3-768505

☐ Change

Addition